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| Fill in this information to identify your case: | |
|---|---|
| United States Bankruptcy Court for the: Northern District of: Illinois | |
| (State) Case number (if known) | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself | | |
|----|---|----------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | Rosemary | |
| | Write the name that is on | First name | First name |
| | your government-issued picture identification (for | Middle name | Middle name |
| | example, your driver's | Peeples | |
| | license or passport | Last name | Last name |
| | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | Rosemary | |
| | have used in the last | First name | First name |
| | 8 years | | |
| | Include your married or | Middle name | Middle name |
| | maiden names. | Hunt | |
| | | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| 3. | Only the last 4 digits of your Social | XXX - XX- 4972 | xxx - xx- |
| | Security number or federal Individual | OR | OR |
| | Taxpayer Identification number (ITIN) | 9 xx - xx- | 9 xx - xx- |

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| De | ebtor 1 Rosemary First Name | Peeples Middle Name Last Name | Case number (if known) |
|----|--|---|--|
| | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer | I have not used any business names or EINs. | I have not used any business names or EINs. |
| | Identification Numbers (EIN) you have used in the last | Business name | Business name |
| | 8 years | Business name | Business name |
| | Include trade names and doing business as names | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 400 N. Bluff Street Number Street Apt 25 | Number Street |
| | | Joliet Illinois 60435 | |
| | | City State Zip Code | City State Zip Code |
| | | Will County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number Street | Number Street |
| | | | |
| _ | | City State Zip Code | City State Zip Code |
| 6. | Why you are choosing this district | Check one: | Check one: |
| | to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
| | | | |
| | | | - |
| | | | |
| | | | |
| | | | |

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| Deb | otor 1 Rosemary | | Peeples | | Case number (if kno | wn) |
|------------------------|---|--|---|--|---|--|
| | First Name | Middle Name | Last Name | | | |
| Par | t 2: Tell the Court Abo | out Your Bankruptcy Cas | е | | | |
| I | The chapter of the Bankruptcy Code you are choosing to file under | Check one. (For a brief des Bankruptcy (Form B2010)) Chapter 7 Chapter 11 Chapter 12 Chapter 13 | | | | C. § 342(b) for Individuals Filing for opriate box. |
| | How you will pay the fee | more details about he cashier's check, or me may pay with a credit I need to pay the fee Individuals to Pay You I request that my fee judge may, but is not the official poverty lim | ow you may pay. Typical oney order. If your attorn card or check with a present in installments. If you want filing Fee in Installments be waived (You may required to, waive your fee that applies to your fact, you must fill out the | Illy, if you ney is seponton of the choose o | ou are paying the submitting your ed address. e this option, sig official Form 103 this option only and may do so only ize and you are u | the clerk's office in your local court for e fee yourself, you may pay with cash, payment on your behalf, your attorney in and attach the <i>Application for</i> A). If you are filing for Chapter 7. By law, a y if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official) |
| ı | Have you filed for bankruptcy within the last 8 years? | V No. Yes. District District District | | When When When | MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY | Case number Case number Case number |
| (! 1 ! | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | V No. Yes. Debtor District Debtor District | | When When | MM / DD / YYYY | Relationship to you Case number, if known Relationship to you Case number, if known |
| | Do you rent your residence? | ✓ No. Go to lin | | | | ot You (Form 101A) and file it with |

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Peeples Debtor 1 Rosemary Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have **V** No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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 Debtor 1
 Rosemary
 Peeples
 Case number (if known)

 First Name
 Middle Name
 Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Survey These Questions for Reporting Purposes | Debtor 1 Rosemary | Middle Noves | Peeples | Case number (if known) | |
|--|---|---|--|---|---|
| 16. What kind of debts do you have? 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." 17. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. 18. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. 17. Are you filling under Chapter 7. Business of debts are debts that you incurred to obtain money for a business or investment. 18. No. Go to line 17. | Part 6: Answer These Que | Middle Name estions for Reporting | Last Name Purposes | | |
| Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? 18. How many creditors do you estimate that you owe? 19. How much do you estimate that you owe? 19. How much do you estimate your assets to be worth? 19. How much do you estimate your assets to be worth? 10. How much do you estimate your assets to be worth? 10. How much do you estimate your libration will be available of the young to you have your assets to be worth? 10. How much do you estimate your libration will be your your your your young you | 16. What kind of debts do | 16a. Are your debts "incurred by an No. Go to I Yes. Go to 16b. Are your debts money for a bu No. Go to I Yes. Go to | s primarily consumer debt individual primarily for a p ine 16b. line 17. s primarily business debts siness or investment or thr ine 16c. line 17. | ersonal, family, or househo ? Business debts are debts ough the operation of the b | Id purpose." that you incurred to obtain ousiness or investment. |
| 50-99 | Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to | Yes. I am filing und expenses are | der Chapter 7. Do you estimat | e that after any exempt prope | |
| estimate your assets to be worth? \$50,001-\$100,000 \$50,000,001-\$50 million \$500,000,001-\$50 billion \$500,0001-\$10 million \$500,000,001-\$50 billion \$500,000,001-\$50 billion \$500,000,001-\$50 billion \$500,000,001-\$50 billion \$500,000,001-\$10 million \$500,000,001-\$10 billion \$500,000,001-\$10 billion \$500,000,001-\$10 billion \$500,000,001-\$10 billion \$500,000,001-\$10 billion \$500,000,001-\$10 million \$500,000,001-\$10 billion \$500,000,001-\$10 billion \$500,000,001-\$10 million \$500,000,001-\$10 billion \$500,000,001-\$50 billion \$500,000,001-\$50 million \$500,000,001-\$50 billion \$500,000,001-\$50 million \$500,000,001-\$50 billion \$500,000,001-\$50 million \$500,000,001-\$10 millio | do you estimate that | 50-99 100-199 | 5,001 | -10,000 | 50,001-100,000 |
| estimate your liabilities to be? \$50,001-\$100,000 \$10,000,001-\$50 million \$10,000,000,001-\$10 billion \$100,001-\$500,000 \$500,001-\$100 million \$100,000,001-\$50 billion \$500,001-\$100 million \$100,000,001-\$50 billion More than \$50 billion More than \$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion More than \$50 billion \$100,000,001-\$100 million \$100,000 | estimate your assets | \$50,001-\$100,0 \$100,001-\$500, | 00 | 00,001-\$50 million 00,001-\$100 million | \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion |
| I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. *** /s/ Rosemary Peeples Signature of Debtor 1 Executed on | estimate your liabilities to be? | \$50,001-\$100,0 \$100,001-\$500, | 00 | 00,001-\$50 million 00,001-\$100 million | \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion |
| correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. ** /s/ Rosemary Peeples Signature of Debtor 1 Executed on/Signature of Debtor 2 Executed on/Executed on/Signature of Debtor 2 | Part 7: Sign Below | | | | |
| I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Rosemary Peeples Signature of Debtor 1 Executed on | For you | correct. If I have chosen to fil of title 11, United Stander Chapter 7. If no attorney represe out this document, I | e under Chapter 7, I am aw ates Code. I understand the ents me and I did not pay of have obtained and read the | are that I may proceed, if eli e relief available under each r agree to pay someone who e notice required by 11 U.S. | gible, under Chapter 7, 11,12, or 13 chapter, and I choose to proceed o is not an attorney to help me fill C. § 342(b). |
| Signature of Debtor 1 Executed on2/22/2018 | | I understand making connection with a baboth. 18 U.S.C. §§ 1 | a false statement, conceali nkruptcy case can result in | ng property, or obtaining m fines up to \$250,000, or in | noney or property by fraud in |
| Executed on2/22/2018 | | /s/ Rosemary P | | | btor 2 |
| | | · · | 2/22/2018 | · · | |

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| Debtor 1 Rosemary | | Peeples | Case number (if k | (nown) |
|--|----------------------------|-----------------------|------------------------------|---|
| First Name | Middle Name | Last Name | | |
| For your attorney, if you are represented by one | eligibility to proceed und | der Chapter 7, 11, 12 | 2, or 13 of title 11, United | ave informed the debtor(s) about I States Code, and have explained the Iso certify that I have delivered to the |
| If you are not | debtor(s) the notice requ | ired by 11 U.S.C. § | 342(b) and, in a case in w | hich § 707(b)(4)(D) applies, certify that I |
| represented by an | have no knowledge after | an inquiry that the | information in the schedu | ules filed with the petition is incorrect. |
| attorney, you do not | 4.5 | . , | | · |
| need to file this page. | /s/ James Nowak | | Date | 2/22/2018 |
| | Signature of Attorney f | or Debtor | M | M / DD / YYYY |
| | | | | |
| | | | | |
| | James Nowak | | | |
| | Printed name | | | |
| | Semrad Law Firm | | | |
| | Firm name | | | |
| | 1444 N. Farnsworth A | vonuo | | |
| | Street | wenue | | |
| | Suite 300 | | | |
| | Suite 300 | | | |
| | Aurora | | Illinois | 60505 |
| | City | | State | Zip Code |
| | • | | | · |
| | Contact phone | 3122374982 | Email address | jnowak@semradlaw.com |
| | 6324423 | | Illinois | |
| | Bar number | | State | |

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| mation to identify your c | ase: | | |
|---------------------------|--------------------------------|--|--|
| Rosemary | | Peeples | |
| First Name | Middle Name | Last Name | |
| | | | |
| First Name | Middle Name | Last Name | |
| Bankruptcy Court for the: | Northern | District of Illinois | |
| | | (State) | |
| | | | |
| | Rosemary First Name First Name | First Name Middle Name First Name Middle Name | Rosemary Peeples First Name Middle Name Last Name First Name Middle Name Last Name Bankruptcy Court for the: Northern District of Illinois |

| | Check if | this | is | an |
|---|----------|---------|----|----|
| _ | amende | d filii | ng | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|--|--------------------------------------|
| . Schedule A/B: Property (Official Form 106A/B) | \$0.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | ' |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$2,320.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$2,320.00 |
| art 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$400.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$35,024.31 |
| Your total liabilities | \$35,424.31 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | |
| | |
| Chedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$855.00 |
| Schedule J: Your Expenses (Official Form 106J) | \$705.00 |

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| Deb | otor 1 Rosemary | | Peeples | Case number (if known) | |
|-------------|--|------------------------------|---|--|----------|
| | First Name | Middle Name | Last Name | | |
| Part | 4: Answer These Quest | ions for Administrati | ive and Statistical Records | s | |
| 6. A | Are you filing for bankruptcy ι | nder Chapters 7, 11, or | 13? | | |
| [| No. You have nothing to re | oort on this part of the for | rm. Check this box and submit t | his form to the court with your other scl | hedules. |
| | ✓ Yes. | | | | |
| 7. V | What kind of debt do you have | ? | | | |
| [| | | mer debts are those incurred by ill out lines 8-10 for statistical pu | an individual primarily for a personal, irposes. 28 U.S.C. § 159. | |
| [| Your debts are not prima this form to the court with y | | u have nothing to report on this | part of the form. Check this box and su | ıbmit |
| | From the Statement of Your Form 122A-1 Line 11; OR , For | | e: Copy your total current month | nly income from Official | \$85.00 |
| 9. | Copy the following special of | ategories of claims fro | m Part 4, line 6 of Schedule E | /F: | |
| | From Part 4 on Schedule E/ | F, copy the following: | | Total claim | |
| | 9a. Domestic support obligation | ons (Copy line 6a.) | | \$0.00 | |
| | 9b. Taxes and certain other de | ebts you owe the governn | nent. (Copy line 6b.) | \$400.00 | |
| | 9c. Claims for death or persor | al injury while you were ir | ntoxicated. (Copy line 6c.) | \$0.00 | |
| | 9d. Student loans. (Copy line | 6f.) | | \$0.00 | |
| | 9e. Obligations arising out of priority claims. (Copy line 6g.) | a separation agreement or | r divorce that you did not report | as \$0.00 | |
| | 9f. Debts to pension or profit- | sharing plans, and other : | similar debts. (Copy line 6h.) | \$0.00 | |

\$400.00

9g. Total. Add lines 9a through 9f.

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| | | | | | | _ | | |
|---|---------------------------------------|---|--|----------------------------------|--|-------------------------|---|---|
| Fill in this | information | n to identify your o | case: | | | | | |
| Debtor 1 | | emary | | | Peeples | | | |
| Debtor 2 | First | Name | Middle N | vame | Last Name | | | |
| (Spouse, if fi | ling) First | Name | Middle N | Name | Last Name | | | |
| United Sta | ates Bankru | ptcy Court for the: | Northern | | District of Illinois | | | |
| Case num | nber | | | | (State) | | | |
| (If known) | | | | | | | | Charlet William to an |
| Officia | al Form | 106A/B | | | | | | Check if this is an amended filing |
| Sche | dule A | /B: Prope | erty | | | | | 12/1 |
| category v responsible write your | where you le for suppl name and | think it fits best. ying correct info case number (if l | Be as complete a rmation. If more s known). Answer e | ind acci space is every qu | sset only once. If an asset fits in m urate as possible. If two married p needed, attach a separate sheet estion. Other Real Estate You Own or | eople are to this fo | e filing together, both a orm. On the top of any a | are equally |
| _ | | | quitable interest | in any r | esidence, building, land, or simila | r propert | y? | |
| | No. Go to | | | | | | | |
| Ц | res. where | e is the property? | | \4/1 ₂ = 4 | :- *h | | Do not dodinat commed | alainea au annasationea Dut |
| 1.1 | | | | | is the property? Check all that apply ngle-family home | у. | the amount of any secu | claims or exemptions. Put ired claims on <i>Schedule D:</i> |
| | Street add | ress, if available, or | other description | | uplex or multi-unit building | | Creditors Who Have Cla | aims Secured by Property. |
| | | | | | ondominium or cooperative | | Current value of the entire property? | Current value of the portion you own? |
| | | | | М | anufactured or mobile home | | ————— | ————— |
| | Number | Street | | ш | and | | Describe the nature of | f vour ownorchin |
| | Nambor | Ciroci | | | vestment property | | Describe the nature of interest (such as fee s | simple, tenancy by |
| | City | State | Zip Code | | meshare ther | | the entireties, or a life | e estate), if known. |
| | | | | Who hone. | nas an interest in the property? Ch | neck | Check if this is co (see instructions) | ommunity property |
| | | | | De | ebtor 1 only | | | |
| | | | | D De | ebtor 2 only | | | |
| | | | | ш | ebtor 1 and Debtor 2 only | | | |
| | | | | ш | least one of the debtors and another | | | |
| | | | | Other | information you wish to add abou rty identification number: | ıt this ite | m, such as local | |
| If you | own or hav | e more than one, I | ist here: | | | | | |
| | | | | What | is the property? Check all that apply | y. | | claims or exemptions. Put ired claims on <i>Schedule D:</i> |
| 1.2 | Street add | ress, if available, or | other description | | ngle-family home | | | aims Secured by Property. |
| | | | | | uplex or multi-unit building | | Current value of the | Current value of the |
| | - | | | | ondominium or cooperative anufactured or mobile home | | entire property? | portion you own? |
| | | | | ш | and | | | |
| | Number | Street | | Hin | vestment property | | Describe the nature o | |
| | | | | | meshare | | interest (such as fee s the entireties, or a life | |
| | City | State | Zip Code | | ther | | | |
| | | | | Who I | nas an interest in the property? Ch | neck | Check if this is co (see instructions) | ommunity property |
| | | | | | ebtor 1 only | | _ | |
| | | | | D D | ebtor 2 only | | | |
| | | | | | ebtor 1 and Debtor 2 only | | | |
| | | | | At | least one of the debtors and another | r | | |
| | | | | | information you wish to add abou rty identification number: | ıt this ite | m, such as local | |

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| dress, if available, or other description Street State Zip Code dollar value of the portion you own ttached for Part 1. Write that numbers | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this iter property identification number: for all of your entries from Part 1, including any entries | the amount of any secu Creditors Who Have Class Current value of the entire property? Describe the nature of interest (such as fee some the entireties, or a life (see instructions) m, such as local | simple, tenancy by e estate), if known. ommunity property |
|---|---|---|---|
| Street State Zip Code | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this iter property identification number: for all of your entries from Part 1, including any entries | the amount of any secu Creditors Who Have Class Current value of the entire property? Describe the nature of interest (such as fee some the entireties, or a life (see instructions) m, such as local | Current value of the portion you own? of your ownership simple, tenancy by e estate), if known. |
| State Zip Code dollar value of the portion you own | Investment property Timeshare Other Other Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this iter property identification number: for all of your entries from Part 1, including any entries | interest (such as fee s the entireties, or a life Check if this is co (see instructions) m, such as local | simple, tenancy by e estate), if known. ommunity property |
| • • | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this iter property identification number: for all of your entries from Part 1, including any entries | (see instructions) m, such as local | |
| • • | for all of your entries from Part 1, including any entr | ries for pages | |
| • • | | | |
| | | | |
| | erest in any vehicles, whether they are registered or icle, also report it on Schedule G: Executory Contracts an otorcycles | - | |
| del: | Who has an interest in the property? Check one. Debtor 1 only | the amount of any seco | I claims or exemptions. Put ured claims on <i>Schedule D:</i> laims <i>Secured by Property</i> . |
| er information: | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | Check if this is community property (see instructions) | • | |
| del: | Who has an interest in the property? Check one. Debtor 1 only | the amount of any seco | I claims or exemptions. Put ured claims on <i>Schedule D:</i> laims Secured by Property. |
| roximate mileage: | Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| C 1 | del:erical del: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only | Who has an interest in the property? Check one. Do not deduct secured the amount of any sec Creditors Who Have Check information: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured the amount of any sec Creditors Who Have Check one. Debtor 1 only Current value of the entire property? Do not deduct secured the amount of any sec Creditors Who Have Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only |

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| otor 1 | Rosemary First Name | Middle Name | Peeples C | Case number | | |
|--------|---|-------------|---|--|---|---|
| 3.3 | Make | | Who has an interest in the property | ? Check | Do not deduct secured | claims or exemptions. F |
| | Model: | | one. | | the amount of any secu | ired claims on <i>Schedule</i> |
| | Year: | | Debtor 1 only | | Creditors Who Have Cla | nims Secured by Propert |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only | | entire property? | portion you own? |
| | | | At least one of the debtors and and | other | | |
| | | | Check if this is community prope | | | |
| | | | instructions) | city (SCC | | |
| 3.4 | Make | | Who has an interest in the property | ? Check | Do not deduct secured | claims or exemptions. F |
| | Model: | | one. | | the amount of any secu | |
| | Year: | | Debtor 1 only | | Creditors Who Have Cla | nims Secured by Propert |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only | | entire property? | portion you own? |
| | | | At least one of the debtors and and | other | | |
| | | | Check if this is community prop | erty (see | | |
| | | | instructions) | | | |
| Exar | | | er recreational vehicles, other vehicles t, fishing vessels, snowmobiles, motorcycl | | | |
| Exar | nples: Boats, trailers, motors No | | er recreational vehicles, other vehicles | le accessorie | Do not deduct secured the amount of any secu | red claims on <i>Schedule</i> |
| Exar | nples: Boats, trailers, motors No Yes Make Model: Year: | | er recreational vehicles, other vehicles t, fishing vessels, snowmobiles, motorcycl Who has an interest in the property | le accessorie | S Do not deduct secured | red claims on <i>Schedule</i> |
| Exar | nples: Boats, trailers, motors No Yes Make Model: | | er recreational vehicles, other vehicles t, fishing vessels, snowmobiles, motorcycles. Who has an interest in the property one. | le accessorie | Do not deduct secured the amount of any secu | red claims on <i>Schedule</i> |
| Exar | nples: Boats, trailers, motors No Yes Make Model: Year: | | who has an interest in the property one. Debtor 1 only | le accessorie | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule ims Secured by Propert |
| Exar | nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: | | who has an interest in the property one. Debtor 1 only Debtor 2 only | le accessorie | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule nims Secured by Propert Current value of the |
| Exar | nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: | | who has an interest in the property one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | le accessorie Check | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule nims Secured by Propert Current value of the |
| 4.1 | nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: | | who has an interest in the property one. Debtor 1 only Debtor 2 only At least one of the debtors and and Check if this is community property. | e accessorie Check Check Cother Cothe | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule ims Secured by Propert Current value of the portion you own? |
| 4.1 | nples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: | | who has an interest in the property one. Debtor 1 only Debtor 2 only At least one of the debtors and and instructions) Check if this is community property one. | e accessorie Check Check Cother Cothe | Do not deduct secured the amount of any secu Creditors Who Have Cla Current value of the entire property? Do not deduct secured the amount of any secu | claims on Schedule ims Secured by Propertion you own? |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: | | who has an interest in the property one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and check if this is community proper instructions) Who has an interest in the property | e accessorie Check Check Cother Cothe | Do not deduct secured the amount of any secu Creditors Who Have Cla Current value of the entire property? Do not deduct secured | red claims on Schedule hims Secured by Propert Current value of the portion you own? claims or exemptions. Fired claims on Schedule |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: | | who has an interest in the property one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and check if this is community proper instructions) Who has an interest in the property one. | e accessorie Check Check Cother Cothe | Do not deduct secured the amount of any secu Creditors Who Have Cla Current value of the entire property? Do not deduct secured the amount of any secu | claims on Schedule ims Secured by Propertion you own? |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: | | who has an interest in the property one. Debtor 1 only Debtor 2 only At least one of the debtors and and instructions) Who has an interest in the property one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 one of the debtors and and Debtor 3 one. Debtor 4 only | e accessorie Check Check Cother Cothe | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classifications | red claims on Schedule hims Secured by Propert Current value of the portion you own? claims or exemptions. Fired claims on Schedule hims Secured by Propert |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | | who has an interest in the property one. Debtor 1 and Debtor 2 only At least one of the debtors and and Check if this is community proper instructions) Who has an interest in the property one. Debtor 2 only Debtor 3 and Debtor 4 only Check if this is community proper instructions) Who has an interest in the property one. Debtor 1 only Debtor 2 only | ? Check other erty (see ? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | claims on Schedule wires Secured by Propert Current value of the portion you own? claims or exemptions. For the claims on Schedule wires Secured by Propert Current value of the |

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| De | ebtor 1 | Rosemary | Peeples Case number (if known) | |
|----------|-------------------------|-----------------------------------|---|--|
| | | First Name | Middle Name Last Name | |
| | | | our Personal and Household Items re any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Examp | | and furnishings liances, furniture, linens, china, kitchenware | |
| <u> </u> | No Yes. I | Describe | Used Household Furniture | \$1000.00 |
| | | tronics lles: Television | s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music | |
| ✓ | Yes. I | Describe | Used TV, Used laptop | \$350.00 |
| | | | ue and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; bin, or baseball card collections; other collections, memorabilia, collectibles | |
| | No Yes. I | Describe | | |
| | | les: Sports, ph | orts and hobbies notographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes as; carpentry tools; musical instruments | |
| ✓ | No Yes. I | Describe | | |
| | 0. Fire Examp | | les, shotguns, ammunition, and related equipment | |
| ✓ | No | | | _ |
| | Yes. I | Describe | | |
| | - | | clothes, furs, leather coats, designer wear, shoes, accessories | |
| V | No Yes. I | Describe | Used Clothing | \$500.00 |
| | | • | iewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er | |
| Ц | No Voc. I | Dosoribo | Lload Cookuma jawalay | |
| ⊻ | | | Used Costume jewelry | \$30.00 |
| | Examp | n-farm animal bles: Dogs, cats | s, birds, horses | |
| | No Yes. I | Describe | | |
| 1 | 4. Any | other person | nal and household items you did not already list, including any health aids you did not list | |
| ☑ | No | | | |
| | Yes. I | Describe | | |
| | | | alue of all of your entries from Part 3, including any entries for pages you have attached t number here | \$1880.00 |

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| Debto | r 1 Rosemary First Name | Middle Name | Peeples Last Name | Case number (if known) | |
|---------|---|---|-------------------------|--|--|
| Part 4: | | | Last Name | | |
| | | y legal or equitable interest | in any of the followi | ng? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. Ca | amples: Money you ha | ve in your wallet, in your home, in | · | on hand when you file your petition Cash: | |
| | | avings, or other financial accounts stitutions. If you have multiple acc | | nares in credit unions, brokerage houses, | |
| i | ✓ Yes | | Institution name: | | |
| | | 17.1. Checking account: | Midwest Bank | | \$200.00 |
| | | 17.2. Checking account: | | | |
| | | 17.3. Savings account: | | | |
| | | 17.4. Savings account: | | | |
| | | 17.5. Certificates of deposit: | | | |
| | | 17.6. Other financial account: | | | |
| | | 17.7. Other financial account: | | | |
| | | 17.8. Other financial account: | | | |
| | | 17.9. Other financial account: | | | |
| | Examples: Bond funds, | or publicly traded stocks investment accounts with broker | age firms, money market | accounts | |
| İ | ✓ No Yes | Institution or issuer name: | | | |
| | | | | | |
| | an LLC, partnership, a | | ted and unincorporated | I businesses, including an interest in | |
| | ✓ No Yes. Give specific information about them | Name of entity | | % of ownership: | |
| | aion | | | | |

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| Deb ⁻ | tor 1 Rosemary First Name | Middle Name | Peeples Last Name | Case number (if known) | |
|------------------|--|--|---|--|----------|
| 20. | Government and corpo Negotiable instruments i | orate bonds and other negotial include personal checks, cashiers ents are those you cannot transfe | ble and non-negotiable checks, promissory not | es, and money orders. | |
| | ✓ No Yes. Give specific information about them | Issuer name: | | | |
| 21. | Retirement or pension Examples: Interests in IF | |), thrift savings accounts | , or other pension or profit-sharing plans | |
| | ✓ No Yes. List each account | Type of account: 401(k) or similar plan: | Institution name: | | |
| | separately. | Pension plan: | | | |
| | | Retirement account: | | | |
| | | Keogh: Additional account: | | | |
| | | Additional account: | | | |
| 22. | | prepayments I deposits you have made so that with landlords, prepaid rent, publi | | | |
| | ✓ Yes | Electric: | | | |
| | | Gas: | | | · |
| | | Heating oil: | | | |
| | | Security deposit on rental unit: | | | |
| | | Prepaid rent: | Joliet Housing | | \$240.00 |
| | | Telephone: | | | |
| | | Water: | | | . ——— |
| | | Rented furniture: | | | , |
| | | Other: | | | . ——— |
| 23. | Annuities (A contract for No Yes | or a periodic payment of money to Issuer name and description: | o you, either for life or for | a number of years) | |
| | | | | | |
| | | | | | |
| | | | | | |

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| Section Sect | |
|--|---------------|
| Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): Ves Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): Ves Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): Ves Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): Ves Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): Ves Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): Ves Institution name and description. Separately file the returns Institution name and description in Institut | |
| exercisable for your benefit No Yes. Describe Term Life Insurance Policy 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Describe 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Describe Money or property owed to you? Current value portion you or Do not deduct socialms or exemption about them, including whether you already filed the returns Federal: \$0.00 State: \$0.00 | |
| exercisable for your benefit No Yes. Describe Term Life Insurance Policy 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Describe 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Describe Money or property owed to you? Current value portion you or Do not deduct socialms or exemption about them, including whether you already filed the returns Federal: \$0.00 State: \$0.00 | |
| Yes. Describe Term Life Insurance Policy | |
| Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No | |
| Yes. Describe 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Describe Money or property owed to you? Current value portion you or Do not deduct so claims or exempt 28. Tax refunds owed to you Yes. Give specific information about them, including whether you already filed the returns Federal: \$0.00 State: \$0.00 | |
| Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Describe Money or property owed to you? Current value portion you or Do not deduct so claims or exempted about them, including whether you already filed the returns Federal: \$0.00 \$0.00 | |
| Money or property owed to you? Current value portion you or Do not deduct so claims or exempted about them, including whether you already filed the returns Current value portion you or Do not deduct so claims or exempted about them, including whether you already filed the returns Federal: \$0.00 | |
| Portion you or Do not deduct so claims or exempted as a claim of exempted about them, including whether you already filed the returns Portion you or Do not deduct so claims or exempted about them, or exempted as a claim or exemp | |
| Ves. Give specific information about them, including whether you already filed the returns No Federal: \$0.00 State: \$0.00 | wn? ecured |
| Yes. Give specific information about them, including whether you already filed the returns Federal: \$0.00 State: \$0.00 | |
| you already filed the returns State: \$0.00 | |
| | |
| and the tax years Local: \$0.00 | |
| 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement | |
| ✓ No | |
| Yes. Give specific information Alimony: \$0.00 Maintenance: \$0.00 | |
| | |
| Divorce settlement: \$0.00 | |
| Divorce settlement: \$0.00 Property settlement: \$0.00 | |
| 30. Other amounts someone owes you | |
| | |
| Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else | |
| | |

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| Deb | tor | 1 Rosemary | | Peeples | Case number (if known) | |
|------|-----|--|---|---|---|--|
| | | First Name | Middle Name | Last Name | | |
| 31. | | terests in insurance xamples: Health, disab | | alth savings account (HSA); credit, h | omeowner's, or renter's insurance | |
| | | Yes. Name the insu of each policy and | | Company name: | Beneficiary: | Surrender or refund value: |
| 32. | lf | | y of a living trust, expect | someone who has died proceeds from a life insurance police | y, or are currently entitled to receive | |
| | Ė | Yes. Describe | | | | |
| 33. | | | | you have filed a lawsuit or made urance claims, or rights to sue | a demand for payment | |
| | Ē | Yes. Describe | | | | |
| 34. | | set off claims | unliquidated claims of | every nature, including counterd | claims of the debtor and rights | |
| | | Yes. Describe | | | | |
| 35. | Aı | | ou did not already list | | | |
| | | Yes. Describe | | | | |
| 36. | | | - | m Part 4, including any entries fo | | \$440.00 |
| Part | 5: | Describe Any B | usiness-Related Pro | operty You Own or Have an I | nterest In. List any real estate in Part | :1. |
| 37. | D | o you own or have a | ny legal or equitable in | terest in any business-related pr | operty? | |
| | | No. Go to Part 6. Yes. Go to line 38. | | | p D | current value of the cortion you own? On not deduct secured claims or exemptions |
| 38. | _ | | or commissions you alr | eady earned | | |
| | | Yes. Describe | | | | |
| 39. | | | nishings, and supplies ated computers, software | e, modems, printers, copiers, fax ma | achines, rugs, telephones, desks, chairs, elect | ronic devices |
| | [✓ | No Yes. Describe | | | | |
| | | | <u> </u> | | | |

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| Deb | tor 1 Rosemary | Peeples | Case number (if known) | |
|----------|--------------------------------------|--|----------------------------|---|
| | First Name | Middle Name Last Name | | |
| 40. | Machinery, fixtures, e | quipment, supplies you use in business, and tools of your trade | 9 | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | |
| | | | | |
| 41. | Inventory | | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | 1001 20001120111 | | | |
| | | | | |
| 42. | Interests in partnershi | ps or joint ventures | | |
| | ✓ No | | | |
| | | Name of entity: | % of ownership: | |
| | Yes. Give specific information about | | | |
| | them | | | |
| | | | | |
| | | | | |
| 43 | Customer lists mailing | lists, or other compilations | | · |
| 70. | _ | note, or other complications | | |
| | ✓ No | | | |
| | Yes. Do your lists in | clude personally identifiable information (as defined in 11 U.S.C. § | 101(41A))? | |
| | ☐ No | | | |
| | <u> </u> | iba | | |
| | Yes. Descr | ibe | | |
| 44. | Any business-related | property you did not already list | | |
| | | | | |
| | ✓ No | | | <u> </u> |
| | Yes. Give specific | | | |
| | information | - | | - |
| | | | | |
| | | | | |
| | | · | | - |
| | | | | |
| | | | | |
| | | | | |
| 45 A | dd the dollar value of a | II of your entries from Part 5, including any entries for pages y | rou have attached | |
| | | r here | | |
| <u> </u> | <u> </u> | | | |
| Part | 6: Describe Any Fa | arm- and Commercial Fishing-Related Property You O | wn or Have an Interest In. | |
| | if you own or nave an | interest in farmland, list it in Part 1. | | |
| 46. | Do you own or have a | ny legal or equitable interest in any farm- or commercial fishin | ng-related property? | |
| | No. Go to Part 7. | | | Current value of the |
| | Yes. Go to line 47. | | | portion you own? Do not deduct secured claims |
| | 163. 40 to line 47. | | | or exemptions |
| 47. | Farm animals | | | |
| | Examples: Livestock, po | oultry, farm-raised fish | | |
| | √ No | | | |
| | <u> </u> | | | |
| | Yes. Describe | | | |
| | | | | |

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| Debt | or 1 Rosemary | | Peeples | Case number (if known) | |
|--------------|----------------------------|--|--------------------------|------------------------------|-------------|
| | First Name | Middle Name | Last Name | | |
| 48. | Crops-either growing | or harvested | | | |
| | No. | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | | |
| 49. | Farm and fishing equi | pment, implements, machinery, fixtu | ires, and tools of trade | | |
| | No No | | | | |
| | ≚ | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | | |
| 50. | Farm and fishing supp | lies, chemicals, and feed | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | | |
| 51 | Any farm- and comme | rcial fishing-related property you di | d not already list | | |
| 01. | 7.11 June 20111110 | rotal holming rotated property you di | a not anoualy not | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | • | |
| | | | | [| |
| | | II of your entries from Part 6, includ | | = | |
| or Pa | irt 6. Write that numbe | r here | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part 1 | Describe All Pro | perty You Own or Have an Inte | rest in That You Did | Not List Above | |
| 53 | Do you have other pro | perty of any kind you did not alread | / list? | | |
| | | s, country club membership | , | | |
| | ✓ No | | | | |
| | | | | | |
| | Yes. Give specific | | | | |
| | information | | | | |
| | | | | |] |
| | | | | | |
| | | | | | |
| 54. A | dd the dollar value of a | II of your entries from Part 7. Write | that number here | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part 8 | List the Totals o | f Each Part of this Form | | | |
| | | | | | |
| 55. F | Part 1: Total real estate | e, line 2 | | > | |
| | | • | | | |
| 56 - | oart 2 total vehicles, lir | no 5 | | | |
| 1 | | | | _ | |
| 57. P | art 3: Total personal a | nd household items, line 15 | \$1880.00 | | |
| 58. P | art 4: Total financial as | ssets. line 36 | Ф.4.40.00 | | |
| | | | \$440.00 | <u> </u> | |
| 59. F | Part 5: Total business-r | elated property, line 45 | | | |
| 60 5 | Part 6: Total farm- and | fishing-related property, line 52 | | _ | |
| JU. F | a.t v. 15tai iai iii- allu | | | _ | |
| 61. F | Part 7: Total other prop | erty not listed, line 54 | | | |
| 60 7 | otal parcanal areas | Add lines 56 through 61 | | | |
| 0∠. I | otai personai property | . Add lines 56 through 61 | \$2320.00 | _ | + \$2320.00 |
| | | | | Copy personal property total | |
| | | | | | \$2320.00 |
| 62 T | otal of all proporty as 9 | Schedule A/B. Add line 55 + line 62 | | | ΨΔ3Δ0.00 |
| 03.1 | otal of all property on t | Aud ille 33 + ille 62 | | | 1 |

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| Official | Form 106C | | | Check if this is amended filing |
|---------------------------------|-----------------------------|-------------|----------------------|---------------------------------|
| Case number (If known) | | | | |
| | | | (State) | |
| United States I | Bankruptcy Court for the: N | orthern | District of Illinois | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| | First Name | Middle Name | Last Name | |
| Debtor 1 | Rosemary | | Peeples | |

redule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Par | Identity the Property You Clain | n as Exempt | | | | | | | |
|-----|--|--------------------------------------|---|------------------------------------|--|--|--|--|--|
| 1. | Which set of exemptions are you claiming | • | , , | | | | | | |
| | You are claiming state and federal r | nonbankruptcy exemp | otions. 11 U.S.C. § 522(b)(3) | | | | | | |
| | You are claiming federal exemption | s. 11 U.S.C. § 522(b)(2 | 2) | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption | | | | | |
| | | Copy the value from Schedule A/B | | | | | | | |
| | Brief description: Checking account, Midwest Bank Line from Schedule A/B: 17 | \$200.00 | \$200.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) | | | | | |
| | Brief description: Used Household Furniture Line from Schedule A/B: 06 | \$1,000.00 | \$1,000.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) | | | | | |
| 3. | ✓ No | ery 3 years after that for a | 375? cases filed on or after the date of adjustment.) within 1,215 days before you filed this case? | | | | | | |

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Debtor 1 Rosemary Peeples Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property own Check only one box for each exemption. Copy the value from Schedule A/B 735 ILCS 5/12-1001(b) Brief \$350.00 description: **✓** \$350.00 Used TV, Used laptop 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(a) Brief \$500.00 description: **✓** \$500.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$30.00 description: **✓** \$30.00 Used Costume jewelry 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 12 735 ILCS 5/12-1001(b) Brief \$240.00 description: \$240.00 Prepaid rent, Joliet 100% of fair market value, up to any Housing applicable statutory limit Line from Schedule A/B: 735 ILCS 5/2-1403 Brief \$0.00 description: **Term Life Insurance** 100% of fair market value, up to any **Policy**

applicable statutory limit

Line from Schedule A/B:

25

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| | | | | J | | | | | |
|-----------|---------------|--------------------------------|------------------------------|---|------|---|---|-----|-----------------------------------|
| Fill in t | this inforr | mation to identify your c | ase: | | | | | | |
| Debto | r 1 | Rosemary | | Peeples | | | | | |
| | | First Name | Middle Name | Last Name | - | | | | |
| Debto | r 2 | | | | | | | | |
| (Spouse | e, if filing) | First Name | Middle Name | Last Name | - | | | | |
| United | States B | ankruptcy Court for the: | Northern | District of Illinois | _ | | | | |
| _ | _ | | | (State) | | | | | |
| Case r | number | - | | | - | | | | |
| , | | | | | | | | Cha | als if this is an |
| Offi | cial I | Form 106D | | | | | | | ck if this is an ended filing |
| Sch | nedu | le D: Credit | ors Who Ha | ve Claims Secu | ire | d by Prop | erty | | 12/15 |
| more s | pace is r | - | | e are filing together, both are enher the entries, and attach it | • | • | | | |
| 1. D | o any c | reditors have claims | secured by your proper | ty? | | | | | |
| Ī. | No. C | heck this box and sub | mit this form to the court v | with your other schedules. You | have | nothing else to repo | rt on this form. | | |
| Ē | Yes. I | Fill in all of the information | on below. | | | | | | |
| Part 1 | List A | All Secured Claims | | | | | | | |
| fo | or each cla | aim. If more than one cre | | red claim, list the creditor separate list the other creditors in Part 2. A g to the creditor's name. | Is | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | | Column C Unsecured portion If any |

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| List All of Your PRIORITY Unsecured Claims against you? No. Go to Part 2. Yes. Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) IRS | | | Do | cument Page 23 of 66 | | | |
|--|---|--|--|--|----------------------------------|---------------------------------|-------------------------------|
| First Name Middle Name Last Name | Fill in this infor | mation to identify your case: | | | | | |
| United States Bankruptcy Court for the: Northern | Debtor 1 | | ddle Name | <u> </u> | | | |
| Case number (It known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official claims that are listed in Schedule D. Creditors With Priority Claims. List the other party to any executory contracts on Schedule A/B: Property (Official claims that are listed in Schedule D. Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Party our need, if the other is not the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim is left action has possible, list the claims in alphabetela order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Philadelphia Pennsylvania 19101 Chy State Zip Code Uniquidated Who incurred the debt? Check one. Disputed Philadelphia Pennsylvania 19101 Choth I and Debtor 2 only Debtor 1 and Debtor 2 only Claims for death or personal injury while you were intolocited. | | First Name Mid | ddle Name | Last Name | | | |
| Case number | United States E | Bankruptcy Court for the: Northern | | | | | |
| Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIDRITY claims and Part 2 for creditors with NONPRIDRITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A). Do not Include any creditors with partially secured claims that are listed in Schedule D: Creditors who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim is is. If a claim has both priority and nonpriority amounts, as much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Philadelphia Pennsylvania 1910 City Street As of the date you file, the claim is: Check all that apply. Philadelphia Pennsylvania 1910 City Creditor's Name Pob Rox 7346 When was the debt incurred? Debtor 1 and Debtor 2 only Domestic support obligations | | | | (4.11.4) | | | |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AVB: Property (Official Form 106AVB) and on Schedule B: Executory Contracts and Unexpired Leases (Gifcial Form 106AVB) and on Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is, if a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) 2.1 IRS Philadelphia Pennsylvania 19101 City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Check if this claim relates to a community debt Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intolocicated | Official F | orm 106E/F | | | Che | ck if this is an | amended filing |
| there partly to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AVB: Property (Officia) Form 106AVB) and on Schedule G: Executory Contracts and Unexpired Leases (Officia) Form 106GA) and on Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Priority Creditor's Name Po Box 7,7346 Who incurred the debt? Check one. Philadelphia Pennsylvania 19101 City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another Claims for death or personal injury while you were intoxical and certain other debts you owe the government Claims for death or personal injury while you were intoxicated. | Schedi | ule E/F: Creditors | s Who | Have Unsecured Claim | S | | 12/15 |
| No. Go to Part 2. Yes. | Form 106A/B) claims that are the entries in the known). Part 1: List | and on Schedule G: Executory Contre e listed in Schedule D: Creditors Who the boxes on the left. Attach the Cor All of Your PRIORITY Unsecure | racts and Un o Hold Claim ntinuation Pa ed Claims | expired Leases (Official Form 106G). Do not includes Secured by Property. If more space is needed, cage to this page. On the top of any additional page | de any creditors opy the Part yo | s with partia u need, fill i | illy secured t out, number |
| listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) IRS | ☐ No. ✓ Yes. | Go to Part 2. | | | r congretely for co | oob oloim Fo | er oogh gloim |
| IRS | listed, ide As much Continua | ntify what type of claim it is. If a claim h as possible, list the claims in alphabetic tion Page of Part 1. If more than one cr | has both prior cal order accor reditor holds a | ity and nonpriority amounts, list that claim here and sh ding to the creditor's name. If you have more than tw particular claim, list the other creditors in Part 3. | ow both priority | and nonprio | rity amounts. |
| Priority Creditor's Name Po Box 7346 Number Street As of the date you file, the claim is: Check all that apply. Philadelphia Pennsylvania 19101 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Cast 4 digits of account number N/a As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated | · | | | · | | • | |
| Philadelphia Pennsylvania 19101 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Contingent Unliquidated Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated | Priority (Po Box | 7346 | | When was the debt incurred? As of the date you file, the claim is: Check all that | \$400.00 | \$400.00 | \$0.00 |
| Debtor 2 only Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated | City Who inc | State Zip Co | | Unliquidated | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated | | • | | Type of PRIORITY unsecured claim: | | | |
| At least one of the debtors and another Government Check if this claim relates to a community debt Claims for death or personal injury while you were intoxicated | Deb | otor 1 and Debtor 2 only | | | | | |
| intoxicated | | | | government | | | |
| Is the claim subject to offset? | | eck if this claim relates to a commu laim subject to offset? | inity debt | intoxicated | • | | |

✓ No Yes Other. Specify _____

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| Debtor | 1 Rosemary First Name | Middle Name | Peeples Last Name | Case number (if known) | |
|---|---|---|---|--|-------------------|
| Part 2: | List All of Your NONPRI | | | | |
| 3. Do 4. Lis un: If n | any creditors have nonpriorit No. You have nothing to rep Yes. t all of your nonpriority unsec | ty unsecured claims port in this part. Subrecured claims in the a exparately for each claim | against you? nit this form to the Iphabetical order b. For each claim list | court with your other schedules. of the creditor who holds each claim. If a creditor has more ted, identify what type of claim it is. Do not list claims already in art 3.If you have more than four priority unsecured claims fill out | cluded in Part 1. |
| | | | | | Total claim |
| | ATG CREDIT Ionpriority Creditor's Name 700 W CORTLAND ST STE 2 Iumber Street | | v | ast 4 digits of account number 5636 When was the debt incurred? 6/2015 as of the date you file, the claim is: Check all that apply. | \$1,215.00 |
| 7 [[[[| CHICAGO Illino City State Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this claim relates the claim subject to offset? No Yes | e Zip (one. und another s to a community de | Code [| Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | |
| | CAINE & WEINER | | ь | ast 4 digits of account number 9841 | \$90.00 |
| | Ionpriority Creditor's Name 1210 Erwin St Iumber Street Voodland HIs Calificity State Vho incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this claim relates the claim subject to offset? No Yes | one. ind another is to a community de | Dode E | when was the debt incurred? 10/2015 Is of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 001 Collection; Collecting for ORIGINAL CREDITOR: Other. Specify READYREFRESH BY NESTLE | |
| - - - - - - - - - - - - - - - - - - - | City of Chicago - Parking and recompriority Creditor's Name Department of Revenue - PO Bollumber Street Chicago Illino City State Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors a Check if this claim relates as the claim subject to offset? | is 6068 a Zip (| BO Code T | when was the debt incurred? | \$5,000.00 |

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 Debtor 1 First Name
 Rosemary First Name
 Peeples Last Name
 Case number (if known)

| After listing any entries on this page, number them beginni | ing with 4.5, followed by 4.6, and so forth. | Total claim |
|--|---|-------------|
| CONVERGENT OUTSOURCING Nonpriority Creditor's Name 10750 HAMMERLY BLVD #200 Number Street | Last 4 digits of account number 4334 When was the debt incurred? 12/2014 As of the date you file, the claim is: Check all that apply. | \$225.00 |
| Houston Texas 77043 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 001 Collection; Collecting for ORIGINAL CREDITOR: Other. Specify COMCAST | |
| DR LEONARDS/CAROL WRIG Nonpriority Creditor's Name 1112 7TH AVE Number Street MONROE Wisconsin 53566 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes | Last 4 digits of account number 8490 When was the debt incurred? 3/2014 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify CreditCard | \$180.00 |
| Illinois Secretary of State Office-Chicago | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | \$0.00 |
| Check if this claim relates to a community debt Is the claim subject to offset? No | debts Other. Specify Notice only | |

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Case number (if known) Debtor 1 Rosemary First Name Peeples Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| | After listing any entries on this page, number them beginning with | 4.5, followed by 4.6, and so forth. | Total claim |
|-----|---|---|-------------|
| 4.7 | Illinois Title Loans Nonpriority Creditor's Name 8601 Dunwoody Pl Ste 406 | Last 4 digits of account number When was the debt incurred?n/a | \$7,236.78 |
| | Number Street | As of the date you file, the claim is: Check all that apply. Contingent | |
| | Atlanta Georgia 30350 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts Remaining balance on title loan for | |
| | Is the claim subject to offset? | Other. Specify totaled Car | |
| | ✓ No | | |
| | Yes | | |
| 4.8 | MEDICREDIT, INC Nonpriority Creditor's Name | Last 4 digits of account number7201 | \$1,260.00 |
| | 1984 Peachtree Rd Nw | When was the debt incurred? 8/2016 | |
| | Number Street Suite 300 | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Atlanta Georgia 30309 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL | |
| | ✓ No | Other. Specify PAYMENT DATA | |
| | Yes | | • |
| 4.9 | Novantis Pharmaceuticals Nonpriority Creditor's Name | Last 4 digits of account number | \$15,000.00 |
| | 1505 Darien Club Drive Number Street | When was the debt incurred?n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | - | Contingent | |
| | Darien Illinois 60561 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts Other. Specify Uninsured Motor vehicle accident | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |

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Peeples Debtor 1 Rosemary Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 PORTFOLIO RECOV ASSOC \$213.00 Last 4 digits of account number Nonpriority Creditor's Name 120 CORPORATE BLVD STE 1 When was the debt incurred? 2/2015 Street As of the date you file, the claim is: Check all that apply. Contingent **NORFOLK** Virginia 23502 Unliquidated State City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ____ 001 UnknownLoanType Is the claim subject to offset? **✓** No Yes 4.11 Presence Saint Joseph Medical Center \$4,604.53 Last 4 digits of account number Nonpriority Creditor's Name 333 Madison St When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60435 Joliet Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt ✓ Other. Specify ____ Medical debt Is the claim subject to offset? **✓** No

Yes

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Debtor 1 Rosemary Peeples Case number (if known)
First Name Middle Name Last Name

| FIISLINA | arie iviidue name Last name | | | |
|--------------------------|--|---------|------------------------|---------|
| Part 4: Add t | he Amounts for Each Type of Unsecured Claim | | | |
| | amounts of certain types of unsecured claims. This information is mounts for each type of unsecured claim. | s for s | tatistical reporting p | purpose |
| | | | Total claims | |
| Total claims from Part 1 | 6a. Domestic support obligations. | 6a. | \$0.00 | |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$400.00 | |
| | 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. | | \$0.00 | |
| | | | \$0.00 | |
| | | | \$400.00 | |
| | ve. Potal. Add filles va tillough vu. | 6e. | | |
| | | | Total claims | |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$0.00 | |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 | |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$35,024.31 | |
| | Si Total Add lines of through Si | 6i | \$35,024.31 | |

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| Fill in this information to identify your case: | | | | | | | |
|---|------------|-------------|------------------------------|--|--|--|--|
| Debtor 1 | Rosemary | | Peeples | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois (State) | | | | |
| Case number (If known) | · | | (Otato) | | | | |

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or cor | mpany with whom you have | the contract or lease | State what the contract or lease is for |
|----------------------------------|--------------------------|-----------------------|---|
| Joliet Housing Name 6 S Broadway | | | Residential Lease, Debtor is Lessee, yearly Lease |
| Number | Street | | |
| Joliet | Illinois | 60436 | |
| City | State | Zip Code | |

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| | | ٠, | Joannoine i ag | go oo or oo | | |
|--------------------------------|--|--|--------------------------|----------------------------|------------------------------------|------------------------------------|
| Fill in this info | rmation to identify your c | case: | | | | |
| Debtor 1 | Rosemary | | Peeples | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois | | | |
| | | | (State) | | | |
| Case number (If known) | | | | | | |
| Official | Form 106H | | | | | Check if this is an amended filing |
| | e H: Your Cod | debtors | | | | 12/15 |
| the entries in known). Answ | the boxes on the left. At er every question. ave any codebtors? (If you | insible for supplying correctach the Additional Page | e to this page. On the t | top of any Additional Pa | | |
| Idaho, Lo | uisiana, Nevada, New Me Go to line 3. | lived in a community proxico, Puerto Rico, Texas, Weer spouse, or legal equiva | ashington, and Wiscons | sin.) | <i>states and territories</i> incl | lude Arizona, California, |
| ä | Yes. In which communi | ty state or territory did yo | u live? | Fill in the name and | d current address of that | t person. |
| | Name of your spouse, | former spouse, or legal equ | iivalent | | | |
| | Number Street | | | | | |
| | City | State | Zip C | Code | | |
| 3. In Colum | n 1, list all of your code | btors. Do not include you | | r if your spouse is filing | | |

again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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| | | 20 | oamone | · ag | 0 0 1 | | | |
|---|---|--|------------------------|-----------------|----------|---------------|--|-------------------------|
| Fill in this ir | nformation to identify | your case: | | | | | | |
| Debtor 1 | Rosemary | | Peeple | es | | | | |
| | First Name | Middle Name | Last N | | | Che | eck if this is: | |
| Debtor 2 | g) First Name | Middle None | LastN | | | 1 - | An amended filing | |
| (Spouse, il lilli) | 9) First Name | Middle Name | Last N | | | 1 | A supplement showing p | oct-potition chapter 19 |
| United States the: Case numbe | s Bankruptcy Court for | Northern | District of Illi (S | inois State) | | " | expenses as of the follow | |
| (lf known) | | | | | | | MM / DD / YYYY | |
| Official | Form 106I | | | | | | | |
| Schedu | ıle I: Your In | come | | | | | | 12/15 |
| information spouse. If m number (if k | about your spouse. I | | d your spous | se is not | filing w | ith you, do | not include information | on about your |
| _ | ur employment | | Debtor 1 | l | | | Debtor 2 | |
| informat | | Employment status | Emplo | oved | | | Employed | |
| | ve more than one job, separate page with | | | mployed | | | Not Employed | |
| | on about additional | Occupation | <u></u> | 1 - 7 | | | | |
| | eart time, seasonal, or oyed work. | Employer's name | | | | | | |
| - | | Employer's address | | | | | | |
| | on may include student maker, if it applies. | | Number Street | | | Number Street | | |
| | | | | | | | | |
| | | | City | | State | Zip Code | City | State Zip Code |
| | | How long employed there? | | | <u>—</u> | | | |
| Part 2: Gi | ive Details About N | Nonthly Income | | | | | | |
| spouse unle | ess you are separated. | the date you file this form | - | | - | - | | |
| | ur non-filing spouse have e, attach a separate she | e more than one employer, et to this form. | , combine the | informati | | | or that person on the lines For Debtor 2 or | s below. If you need |
| | | | | | For Deb | otor 1 | non-filing spouse | |
| | | ary, and commissions (before, calculate what the monthly | | 2. | | \$0.00 | | - |
| 3. Estima | te and list monthly ove | rtime pay. | | 3. | | + \$0.00 | | <u>-</u> |
| 4. Calcul | ate gross income. Add l | ne 2 + line 3. | | 4. | | \$0.00 | | _ |

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| Debtor | | Peeples | Case numbe | r <i>(if</i> | |
|-----------------------|---|---------------------|-----------------------|-----------------------------------|-------------------------|
| | First Name Middle Name L | _ast Name | known) For Debtor 1 | For Debtor 2 or non-filing spouse | |
| Copy | / line 4 here | → 4. | \$0.00 | | |
| | all payroll deductions: | | | | |
| 5a. - | Tax, Medicare, and Social Security deductions | 5a. | \$0.00 | | |
| 5b. | Mandatory contributions for retirement plans | 5b. | \$0.00 | | |
| 5c. \ | Voluntary contributions for retirement plans | 5c. | \$0.00 | | |
| 5d. | Required repayments of retirement fund loans | 5d. | \$0.00 | | |
| 5e. I | Insurance | 5e. | \$0.00 | | |
| 5f. C | Domestic support obligations | 5f. | \$0.00 | | |
| 5g. | Union dues | 5g. | \$0.00 | | |
| 5h. | Other deductions. Specify: | _ 5h. + | \$0.00 + | · | |
| 6. Add +5h. | the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f | f + 5g 6. | \$0.00 | | |
| 7. Calc | ulate total monthly take-home pay. Subtract line 6 from line | 4. 7. | \$0.00 | | |
| 8. List | all other income regularly received: | | | | |
| ı | Net income from rental property and from operating a business, profession, or farm | | | | |
| Ç | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$0.00 | | |
| 8b. l | Interest and dividends | 8b. | \$0.00 | | |
| | Family support payments that you, a non-filing spouse, or dependent regularly receive | a | | | |
| | include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$0.00 | | |
| 8d. | Unemployment compensation | 8d. | \$0.00 | | |
| | Social Security | 8e. | \$770.00 | | |
| li c u h | Other government assistance that you regularly receive nounced cash assistance and the value (if known) of any non-ash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or nousing subsidies specify: Food Assistance Programs Income | 8f. | \$85.0 <u>0</u> | | |
| 8g. | Pension or retirement income | 8g. | \$0.00 | | |
| 8h. | Other monthly income. Specify: | 8h. + | \$0.00 + | · | |
| 9. Add | all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + | + 8h. 9. | \$855.00 | | |
| | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing sp | 10. Douse | \$855.00 + | = | \$855.00 |
| Inclu frien | te all other regular contributions to the expenses that you ude contributions from an unmarried partner, members of your ds or relatives. not include any amounts already included in lines 2-10 or amounts. | household, your o | ependents, your roomr | | |
| Spec | cify: | | | 11. + | \$0.00 |
| | the amount in the last column of line 10 to the amount in a that amount on the Summary of Schedules and Statistical Sum | | | | \$855.00 |
| | | | | | Combined monthly income |
| 13. Do | you expect an increase or decrease within the year after you. | you file this form? | | | |
| | Yes. Explain: | | | | |

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| | | Doc | ument Page 33 of 6 | 5 | |
|------------------------------------|--|--|--|--------------------------------------|---|
| Fill in this infor | mation to identify | your case: | | | |
| Debtor 1 | Rosemary First Name | Middle Name | Peeples Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | Check if this is: An amended filing | ng |
| United States B | Bankruptcy Court fo | or the: Northern | District of Illinois (State) | | howing post-petition chapter 13 the following date: |
| Case number (If known) | | | | MM / DD / YYYY | <u>, </u> |
| Official | Form 106 | <u>6J</u> | | | |
| Schedul | e J: Your I | Expenses | | | 12/15 |
| information. If | | eded, attach another sheet to th | are filing together, both are equal is form. On the top of any addition | | |
| Part 1: Des | cribe Your Hou | sehold | | | |
| 1. Is this a join | nt case? | | | | |
| ✓ No. Go | to line 2 | | | | |
| Yes. Do | oes Debtor 2 live | in a separate household? | | | |
| _ г | No | | | | |
| | Yes. Debtor 2 n | nust file Official Forms 106J-2, Expe | enses for Separate Household of Deb | tor 2. | |
| 2. Do you have | e dependents? | ✓ No | | | |
| Do not list D Debtor 2. | ebtor 1 and | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| | enses include f people other | ✓ No | | | |
| than yourself and dependents | d your | Yes | | | |
| Part 2: Estin | mate Your Ong | oing Monthly Expenses | | | |
| _ | of a date after the | | you are using this form as a supp pplemental Schedule J, check the | • | |
| | • | non-cash government assistance uded it on Schedule I: Your Incom | • | | Your expenses |
| | or home owners or the ground or lot | | Include first mortgage payments and | | \$200.00 |
| If not incl | uded in line 4: | | | | |

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Rosemary Peeples Case number (if known)
First Name Middle Name Last Name

| | | Your expenses |
|--|-----|---------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$0.00 |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | \$50.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$0.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$130.00 |
| 6d. Other. Specify: | 6d | \$0.00 |
| 7. Food and housekeeping supplies | 7. | \$100.00 |
| 8. Childcare and children's education costs | 8. | \$0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. | \$25.00 |
| 10. Personal care products and services | 10. | \$30.00 |
| 11. Medical and dental expenses | 11. | \$0.00 |
| Transportation. Include gas, maintenance, bus or train fare. Do not include car payments | 12. | \$90.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$0.00 |
| 14. Charitable contributions and religious donations | 14. | \$0.00 |
| 15. Insurance.Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a | \$0.00 |
| 15b. Health insurance | 15b | \$0.00 |
| 15c. Vehicle insurance | 15c | \$80.00 |
| 15d. Other insurance. Specify: | 15d | \$0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| Specify: | 16 | \$0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a | \$0.00 |
| 17b. Car payments for Vehicle 2 | 17b | \$0.00 |
| 17c. Other. Specify: | 17c | \$0.00 |
| 17d. Other. Specify: | 17d | \$0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from | | \$0.00 |
| your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | |
| 19. Other payments you make to support others who do not live with you. Specify: | 40 | 40.00 |
| 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | 19. | \$0.00 |
| 20a. Mortgages on other property | 20a | \$0.00 |
| 20b. Real estate taxes. | 20b | \$0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c | \$0.00 |
| 20d. Maintenance, repair, and upkeep expenses. | 20d | \$0.00 |
| 20e. Homeowner's association or condominium dues | 20e | \$0.00 |

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| Debtor 1 | Rosem | nary | | Peeples | Case number (if known) | | |
|-----------------|----------|--------------------------|--------------------------|--|------------------------|-----|----------|
| | First Na | ame | Middle Name | Last Name | | | |
| 21. Othe | r. Spec | ify: | | | | 21 | \$0.00 |
| | | | | | | | |
| | - | our monthly expense | | \$705.00 | | | |
| | | es 4 through 21. | | | | | \$0.00 |
| | | ` . | ** | from Official Form 106J-2 | | | \$705.00 |
| 22c. / | Add line | e 22a and 22b. The res | sult is your monthly exp | enses. | | 22. | |
| 23.Calcu | ılate y | our monthly net inco | me. | | | | |
| 23a. (| Copy lii | ne 12 (your combined | monthly income) from S | Schedule I. | | 23a | \$855.00 |
| 23b. | Сору у | our monthly expenses | from line 22 above. | | | 23b | \$705.00 |
| 23c. 9 | Subtrac | t your monthly expens | ses from your monthly in | icome. | | | \$150.00 |
| | The res | sult is your monthly net | t income. | | | 23c | |
| mort | | | | oan within the year or do you nodification to the terms of y | | | |
| | | | | | | | |
| | | | | | | | |

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| Fill in this infor | rmation to identify your ca | ase: | | |
|------------------------|-----------------------------|-------------|------------------------------|--|
| Debtor 1 | Rosemary | | Peeples | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) | |
| Case number (If known) | | | (| |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below | | | | |
|---|--|---|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | |
| | ✓ No | | | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | |
| | | | | | |
| | | | | | |
| | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and | | | |
| x | • | * | | | |
| ^ | /s/ Rosemary Peeples Signature of Debtor 1 | Signature of Debtor 2 | | | |
| | Signature of Debtor 1 | Signature of Debtor 2 | | | |
| | Date 2/22/2018 | Date | | | |
| | MM/DD/YYYY | MM/DD/YYYY | | | |

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| Fill ir | this info | rmation to identify your o | ase: | | | | | |
|-----------------|----------------|--|------------------------|----------------------------|---------------|------------------|-------------------|------------------------------------|
| Debt | or 1 | Rosemary | | Peeples | | | | |
| Debt | or 2 | First Name | Middle Nai | me Last Nam | Э | | | |
| | se, if filing) | First Name | Middle Na | me Last Nam | Э | - | | |
| Unite | ed States | Bankruptcy Court for the: | Northern | District of Illino (State | | | | |
| Case (If kno | number wn) | | | (Otali | <i>-</i> 1 | - | | |
| Ott | امنما | Form 107 | | | | | | Check if this is an amended filing |
| | | Form 107 | | | | | | amended ming |
| | | ent of Financia | | | | | | 04/1 |
| | | ete and accurate as po If more space is neede | | | | | | |
| num | ber (if kn | nown). Answer every q | uestion. | | | | | |
| Part | 1: Giv | e Details About Your | Marital Status ar | nd Where You Lived | Before | | | |
| 1. | What is | your current marital sta | atus? | | | | | |
| | П Ма | arried | | | | | | |
| | ☑ No | t married | | | | | | |
| 2. | During | the last 3 years, have yo | u lived anywhere o | other than where you liv | e now? | | | |
| | √ No | | | | | | | |
| | | s. List all of the places yo | ou lived in the last 3 | years. Do not include v | here you live | now. | | |
| | | | | | | | | |
| | De | btor 1: | | Dates Debtor 1 lived there | Debtor 2: | | | Dates Debtor 2 lived there |
| | | | | | Same a | s Debtor 1 | | Same as Debtor 1 |
| | | | | | L | | | |
| | Nu | mber Street | | From | Number Str | eet | | From |
| | | | | То | | | | То |
| | Cit | y State | Zip Code | | City | State | Zip Code | |
| | | | | | Same a | s Debtor 1 | | Same as Debtor 1 |
| | | | | From | | | | From |
| | Nu | mber Street | | To | Number Str | eet | | To |
| | | | | | | | | |
| | Cit | y State | Zip Code | | City | State | Zip Code | |
| | | e last 8 years, did you e | | | | | | |
| | | <i>ories</i> include Arizona, Califo | ornia, Idano, Louisiar | a, nevada, New Mexico, | нието Кісо, I | exas, vvasningto | m, and Wisconsin. |) |
| | √ No | Make sure you fill out So | | | | | | |

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| Deb | tor 1 | Rosemary | Peeples | | umber (if known) | |
|------|---------------------|---|---|--|--|--|
| | | First Name Middle | e Name Last Nar | me | | |
| Part | 2: | Explain the Sources of Your Inc | come | | | |
| Fill | | you have any income from employm n the total amount of income you receivities. If you are filing a joint case and you No Yes. Fill in the details. | ved from all jobs and all busi | nesses, including part-time | | ears? |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | rom January 1 of current year until le date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | | Wages, commissions, bonuses, tips Operating a business | |
| | | or last calendar year: anuary 1 to December 31, 2017) YYYY | Wages, commissions, bonuses, tips Operating a business | | Wages, commissions, bonuses, tips Operating a business | |
| | | or the calendar year before that: anuary 1 to December 31, 2016) YYYY | Wages, commissions, bonuses, tips Operating a business | | Wages, commissions, bonuses, tips Operating a business | |
| | Inclupubl filing | you receive any other income during and income regardless of whether that in ic benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No Yes. Fill in the details. | ncome is taxable. Examples of come; interest; dividends; m you received together, list it | of other income are alimony; oney collected from lawsuits; only once under Debtor 1. | royalties; and gambling and lo | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | | | Est YTD SSI | \$1,480.00 | | |
| | | rom January 1 of current year until he date you filed for bankruptcy: | Est YTD Link | \$170.00 | | |
| | _ | | Est 2017 SSI | \$8,880.00 | | |
| | | or last calendar year: | Est 2017 SSI Est 2017 Link | \$1,020.00 | | |
| | (, | January 1 to December 31, 2017) YYYY | LSt ZUIT LIIK | ψ1,020.00 | | |
| | | | Est 2016 SSI | \$8,880.00 | | |
| | | or the calendar year before that: January 1 to December 31, 2016) YYYY | Est 2016 Link | \$1,020.00 | | |
| | | | | | | |

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Peeples Debtor 1 Rosemary __ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other

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| or 1 Rosemary | | Pee | ples | Case number | (if known) |
|--|--|---------------------------------------|--|---|--|
| First Name | Middle Name | Last | Name | | |
| agent, including one for a basuch as child support and a | es; any general partners are an officer, director, p business you operate as | ; relatives of any gerson in control, | jeneral partners; part or owner of 20% or | nerships of which y more of their voting | |
| No List all payments | a ta an incidar | | | | |
| Yes. List all payments | s to an insider. | Dates of | Total amount | Amountvou | December for this payment |
| | | payment | Total amount paid | Amount you still owe | Reason for this payment |
| Insider's Name | | | | | |
| Number Street | | | | | |
| City State | Zip Code | | | | |
| Insider's Name | | | | | |
| N | | | | | |
| Number Street | | | | | |
| City State | Zip Code | | | | |
| insider? Include payments on debts No | | d by an insider. | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | | | | | moude deallor's name |
| Insider's Name | | | | | |
| Number Street | | | | | |
| | | | | | |
| City State | Zip Code | | | | |
| Insider's Name | | | | | |
| Number Street | | | | | |
| | | | | | |
| City State | Zip Code | | | | |

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Peeples Debtor 1 Rosemary Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | tor 1 Rosemary | Peeples | Case number (if known) | |
|------|--|----------------------------|--|---------------------|
| | First Name Middle Name | Last Name | | |
| 11. | Within 90 days before you filed for bankruptcy, did accounts or refuse to make a payment because you | | oank or financial institution, set off any amo | unts from your |
| | ✓ No Yes. Fill in the details. | | | |
| | | Describe the action the | e creditor took Date action was taken | Amount |
| | Creditor's Name | | | |
| | Number Street | | | |
| | | Last 4 digits of account | number: XXXX- | |
| | City State Zip Code | | | |
| 12. | Within 1 year before you filed for bankruptcy, was a appointed receiver, a custodian, or another official? | | possession of an assignee for the benefit of | creditors, a court- |
| | No Var | | | |
| | Yes | | | |
| Part | 5: List Certain Gifts and Contributions | | | |
| 13. | Within 2 years before you filed for bankruptcy, did | ou give any gifts with a t | otal value of more than \$600 per person? | |
| | ✓ No ☐ Yes. Fill in the details for each gift. | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | | | | |
| | Person to Whom You Gave the Gift | | | |
| | Number Street | | | |
| | City State Zip Code | | | |
| | Person's relationship to you | | | |
| | Person to Whom You Gave the Gift | | | |
| | | | | |
| | Number Street | | | |
| | City State Zip Code Person's relationship to you | | | |
| | i disort s relationship to you | | | |

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| ebtor 1 | Rosemary | | Peeples | Case number (if know | vn) | |
|---------|--|--|---|-----------------------------|--------------------------------------|------------------------|
| | First Name Middle | e Name | Last Name | <u> </u> | <u> </u> | |
| | | | | | | |
| . Wit | thin 2 years before you filed for bank | ruptcy, did y | ou give any gifts or contribu | itions with a total value | of more than \$600 | to any charity? |
| | l No | | | | | |
| ✓ | ı | | | | | |
| | Yes. Fill in the details for each gift or | r contribution | ı . | | | |
| | Gifts or contributions to charities | | Describe what you contr | ihuted | Date you | Value |
| | that total more than \$600 | | Bootings what you conti | Juliu | contributed | valuo |
| | mar total more man \$555 | | | | 00 | |
| | | | | | | |
| | Charity's Name | | | | | |
| | | | | | | |
| | | | | | | |
| | Number Street | | | | | |
| | | | | | | |
| | City State Zip | Code | | | | |
| | 5.ty 5.tate 2.p | | | | | |
| rt 6: | List Certain Losses | | | | | |
| | thin 1 year before you filed for bankrumbling? No Yes. Fill in the details. | uptoy of office | o you mou lot bunkingstoy, | and you look diffining be | 34450 O. MON, 1110, | other disaster, or |
| | Describe the preparty year lest and | | December only incomes | navarara far tha laga | Data of vour | Value of muonautu |
| | Describe the property you lost and how the loss occurred | | Describe any insurance Include the amount that in | | Date of your loss | Value of property lost |
| | now the loss occurred | | pending insurance claims | | 1033 | 1031 |
| | | | A/B: Property. | on mile oo or coneduic | | |
| | | | | | | |
| | | | | | | |
| | List Certain Payments or Trans | | | | | |
| Wit | thin 1 year before you filed for bankru out seeking bankruptcy or preparing lude any attorneys, bankruptcy petition | uptcy, did yo a bankruptc | y petition? | | | anyone you consulte |
| . Wit | thin 1 year before you filed for bankru out seeking bankruptcy or preparing | uptcy, did yo a bankruptc | y petition? | | | anyone you consulte |
| . Wit | thin 1 year before you filed for bankru out seeking bankruptcy or preparing dude any attorneys, bankruptcy petition p No | uptcy, did yo a bankruptc | y petition? | | | anyone you consulte |
| Wit | thin 1 year before you filed for bankru out seeking bankruptcy or preparing lude any attorneys, bankruptcy petition | uptcy, did yo a bankruptc | y petition? credit counseling agencies for | services required in your b | ankruptcy. | |
| Wit | thin 1 year before you filed for bankru out seeking bankruptcy or preparing dude any attorneys, bankruptcy petition p No | uptcy, did yo a bankruptc | y petition? credit counseling agencies for Description and value of | services required in your b | ankruptcy. Date payment | Amount of |
| Wit | thin 1 year before you filed for bankru out seeking bankruptcy or preparing dude any attorneys, bankruptcy petition p No | uptcy, did yo a bankruptc | y petition? credit counseling agencies for | services required in your b | ankruptcy. Date payment or transfer | |
| Wit | thin 1 year before you filed for bankru out seeking bankruptcy or preparing lude any attorneys, bankruptcy petition No Yes. Fill in the details. | uptcy, did yo a bankruptc | y petition? credit counseling agencies for Description and value of | services required in your b | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for bankru out seeking bankruptcy or preparing lude any attorneys, bankruptcy petition No Yes. Fill in the details. | uptcy, did yo a bankruptc | y petition? credit counseling agencies for Description and value of | services required in your b | ankruptcy. Date payment or transfer | Amount of |
| Wit | thin 1 year before you filed for bankrupture seeking bankruptcy or preparing slude any attorneys, bankruptcy petition process. Fill in the details. Semrad Law Firm Person Who Was Paid | uptcy, did yo a bankruptc | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for bankrupture seeking bankruptcy or preparing slude any attorneys, bankruptcy petition process. No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 1444 N. Farnsworth Avenue | uptcy, did yo a bankruptc | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for bankrupture seeking bankruptcy or preparing slude any attorneys, bankruptcy petition process. Fill in the details. Semrad Law Firm Person Who Was Paid | uptcy, did yo a bankruptc | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for bankrupture seeking bankruptcy or preparing slude any attorneys, bankruptcy petition process. No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 1444 N. Farnsworth Avenue | uptcy, did yo a bankruptc | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for bankrupture seeking bankruptcy or preparing stude any attorneys, bankruptcy petition in the No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 1444 N. Farnsworth Avenue Number Street Suite 300 | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for bankrupture seeking bankruptcy or preparing stude any attorneys, bankruptcy petition produced by the seeking bankruptcy p | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for bankrupture seeking bankruptcy or preparing stude any attorneys, bankruptcy petition produced by the seeking bankruptcy p | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for bankrupture seeking bankruptcy or preparing blude any attorneys, bankruptcy petition plude any attorneys, bankruptcy petition p | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for bankrupture seeking bankruptcy or preparing stude any attorneys, bankruptcy petition produced by the seeking bankruptcy p | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for bankruptut seeking bankruptcy or preparing clude any attorneys, bankruptcy petition placed by the seeking bankruptcy petiti | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for bankrupture seeking bankruptcy or preparing blude any attorneys, bankruptcy petition plude any attorneys, bankruptcy petition p | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for bankruptout seeking bankruptcy or preparing clude any attorneys, bankruptcy petition plants. No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 1444 N. Farnsworth Avenue Number Street Suite 300 Aurora Illinois 60 City State Zip Email or website address Person Who Made the Payment, if No | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for bankruptut seeking bankruptcy or preparing clude any attorneys, bankruptcy petition placed by the seeking bankruptcy petiti | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| . Wit | thin 1 year before you filed for bankruptus seeking bankruptcy or preparing lude any attorneys, bankruptcy petition No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 1444 N. Farnsworth Avenue Number Street Suite 300 Aurora Illinois 60 City State Zip Email or website address Person Who Made the Payment, if No Person Who Was Paid | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| . Wit | thin 1 year before you filed for bankruptout seeking bankruptcy or preparing clude any attorneys, bankruptcy petition plants. No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 1444 N. Farnsworth Avenue Number Street Suite 300 Aurora Illinois 60 City State Zip Email or website address Person Who Made the Payment, if No | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| . Wit | thin 1 year before you filed for bankruptus seeking bankruptcy or preparing lude any attorneys, bankruptcy petition No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 1444 N. Farnsworth Avenue Number Street Suite 300 Aurora Illinois 60 City State Zip Email or website address Person Who Made the Payment, if No Person Who Was Paid | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| . Wit | thin 1 year before you filed for bankruptus seeking bankruptcy or preparing lude any attorneys, bankruptcy petition No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 1444 N. Farnsworth Avenue Number Street Suite 300 Aurora Illinois 60 City State Zip Email or website address Person Who Made the Payment, if No Person Who Was Paid | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for bankrupture seeking bankruptcy or preparing stude any attorneys, bankruptcy petition in the latest part of the property of th | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| . Wit | thin 1 year before you filed for bankrupture seeking bankruptcy or preparing stude any attorneys, bankruptcy petition in the latest part of the property of th | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| . Wit | thin 1 year before you filed for bankruptout seeking bankruptcy or preparing clude any attorneys, bankruptcy petition placed any attorneys petition placed a | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |
| . Wit | thin 1 year before you filed for bankrupture seeking bankruptcy or preparing stude any attorneys, bankruptcy petition in the latest part of the property of th | uptcy, did you a bankruptc preparers, or o | y petition? credit counseling agencies for Description and value of transferred | services required in your b | Date payment or transfer was made | Amount of payment |

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| Deb | tor 1 | Rosemary | | Peeples | Case n | number <i>(if known)</i> | | | |
|-----|-------------|---|---|---|----------|--------------------------------------|--|----------|------------------------------|
| | | First Name | Middle Name | Last Name | | | | | |
| 17. | hel | hin 1 year before you filed for p you deal with your creditor not include any payment or tran | s or to make paymen | | ehalf p | oay or transfer | any property to a | inyone v | who promised to |
| | | No Yes. Fill in the details. | | | | | | | |
| | | | | Description and value of any protransferred | roperty | ′ | Date payment or transfer was made | Amou | unt of payment |
| | | Person Who Was Paid | | | | | | | |
| | | Number Street | | | | | | | |
| | | City State | Zip Code | | | | | | |
| 18. | the Incl | ordinary course of your busing ude both outright transfers and transfers that you have already | ness or financial affa transfers made as sec | urity (such as the granting of a secu | | | | | |
| | | Yes. Fill in the details. | | | | | | | |
| | | | | Description and value of prope transferred | rty | Describe any payments re in exchange | property or ceived or debts p | aid | Date transfer was made |
| | | Person Who Received Transfe | er | | | | | | |
| | | Number Street | | | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | | | |
| | | Person Who Received Transfe | er | | | | | | |
| | | Number Street | | | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | | | |
| 19. | ben | hin 10 years before you filed neficiary? ese are often called asset-protection | | ou transfer any property to a sel | f-settle | ed trust or simi | ilar device of whi | ch you | are a |
| | ✓ | No Voc Fill in the details | | | | | | | |
| | Ц | Yes. Fill in the details. | | Description and value of the p | oropert | ty transferred | | | Date transfer was made |
| | | Name of trust | | | | | | | |

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Peeples Debtor 1 Rosemary Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

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| Deb ¹ | | Rosemary | | eeples | Case | e number <i>(if known</i>) | |
|------------------|----------|--|-----------------|-----------------|--------------------|---|------------|
| | | First Name Middle Name | L | ast Name | | | |
| Part | 9: | Identify Property You Hold or Control f | for Someor | ne Else | | | |
| | | - | | | | | Aurost for |
| 23. | - | you hold or control any property that someoneone. | ne eise owns | er include any | property you be | orrowed from, are storing for, or nota in | trust for |
| | V | No | | | | | |
| | H | Yes. Fill in the details. | | | | | |
| | Ш | 100. I ili ili dio dottalio. | | | | _ ,, ,, , , , | |
| | | | wnere is t | he property? | | Describe the contents | Value |
| | | Owner's Name | NumberStr | reet | | | |
| | | | | | | | |
| | | Number Street | - | | | | |
| | | | | | | | |
| | | | City | State | Zip Code | | |
| | | City State Zip Code | | | | | |
| | | • | | | | | |
| Part | 10: | Give Details About Environmental Info | ormation | | | | |
| For | the n | urpose of Part 10, the following definitions appl | lv: | | | | |
| | | | - | | | | |
| | | <i>nvironmental law</i> means any federal, state, or loc azardous or toxic substances, wastes, or materia | | | | | |
| | | cluding statutes or regulations controlling the cl | | | | | |
| | | | | | | | |
| | | <i>ite</i> means any location, facility, or property as de · used to own, operate, or utilize it, including dis | | ny environnen | italiaw, whether y | ou now own, operate, or utilize it | |
| | . | azardaya matarial maana anythina an anyiranma | ontal law dafin | 00 00 0 h070rd | loue weets, hezer | daua subatanca | |
| | | azardous material means anything an environme xic substance, hazardous material, pollutant, co | | | ious waste, nazar | dous substance, | |
| D | الماسم | | | | | | |
| кер | ort all | notices, releases, and proceedings that you know | ow about, reg | jardiess of whe | en tney occurred. | | |
| | | | | | | | |
| 24. | Has | any governmental unit notified you that you | ı may be liab | le or potentia | illy liable under | or in violation of an environmental law? | |
| | V | No | | | | | |
| | Ħ | Yes. Fill in the details. | | | | | |
| | | | Governme | ntal unit | | Environmental law, if you know it | Date of |
| | | | | | | | notice |
| | | | | | | | |
| | | Name of site | Governmer | ntal unit | | | |
| | | Number Street | NumberStr | eet | | | |
| | | | | | | | |
| | | | City | State | Zip Code | | |
| | | City State Zip Code | | | | | |
| | | Oity State Zip Code | | | | | |
| 25. | Hav | e you notified any governmental unit of any | release of ha | zardous mate | erial? | | |
| | _ | | | | | | |
| | ✓ | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | | Governme | ntal unit | | Environmental law, if you know it | Date of |
| | | | | | | | notice |
| | | Name of site | Governmer | ntal unit | | | |
| | | THE TO STEE | GOVERNINE | rtai uriit | | | |
| | | Number Street | NumberStr | eet | _ | | |
| | | | | | | | |
| | | | City | State | Zip Code | | |
| | | City State Zip Code | | | | | |
| | | | | | | | |

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| Deb | | Rosemary | ., | della Nama | Peeples | Case | number (if k | nown) | | |
|------|------|------------------------------|--|--|--|--|--------------|--------------------|-----------------------------------|--------------------|
| | | First Name | М | ddle Name | Last Name | | | | | |
| 26. | Hav | e you been a party | y in any judicia | l or administra | tive proceeding under | any environmenta | al law? Inc | lude settleme | ents and order | rs. |
| | | No Yes. Fill in the det | ails. | | | | | | | |
| | _ | | | C | Court or agency | | Nature of | the case | | Status of the case |
| | | Case title | | | | | | | | Pending |
| | | | | | Court Name | | | | | On appeal |
| | | Case number | | _ | lumberStreet | | | | | Concluded |
| | | la: - : : | | | ity State | Zip Code | | | | |
| Pari | | | | | nnections to Any Bu | | | | | |
| 27. | Witi | A sole propri | etor or self-em f a limited liabili a partnership rector, or mana at least 5% of t | ployed in a tracty company (LL aging executive he voting or eq | you own a business or de, profession, or othe .C) or limited liability pa e of a corporation juity securities of a cor | r activity, either ful artnership (LLP) poration | _ | | any business? | |
| | | | | | Describe the nat | ure of the busines | s | | entification nu al Security nu | |
| | | Business Name Number Street | | | - | | | EIN: Dates busine | ess existed | |
| | | City | State | Zip Code | Name of account | ant or bookkeepe | r | From | То | |
| | | | | | Describe the nat | ure of the busines | S | include Socia | entification nu al Security nu | |
| | | Business Name | | | - | | | EIN: | | |
| | | Number Street | | | Name of account | ant or bookkeepe | r | Dates busine | ess existed | |
| | | City | State | Zip Code | - | <u> </u> | | From | To | <u></u> |
| | | | | | Describe the nat | ure of the busines | S | | entification nu al Security nu | |
| | | Business Name | | | - | | | EIN: | | |
| | | Number Street | | | Name of account | ant or bookkeepe | r | Dates busine | ess existed | |
| | | City | State | Zip Code | - | ant of bookkeepe | | From | То | |
| | | | | | | | | | | |

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| Debt | tor 1 | Rosemary | | | Peeples | Case number (if known) |
|------|------------|---|--------------|----------------------|------------------------------|---|
| | | First Name | | Middle Name | Last Name | |
| 28. | | hin 2 years before y ditors, or other par No Yes. Fill in the deta | rties. | bankruptcy, did you | ı give a financial stateme | nt to anyone about your business? Include all financial institutions, |
| | | | | | Date issued | |
| | | | | | | |
| | | Name | | | MM/DD/YYYY | |
| | | Number Street | | | | |
| | | Number Street | | | | |
| | | City | State | Zip Code | | |
| Part | 40 | Sign Below | | | | |
| t | rue a | and correct. I unde kruptcy case can | erstand that | making a false stat | ement, concealing proper | ents, and I declare under penalty of perjury that the answers are ty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | x /s/ I | Rosemary Pe | eples | | × |
| | | Signatu | re of Debtor | 1 | | Signature of Debtor 2 |
| | | Date 2 | 2/22/2018 | | | Date |
| | Did yo | ou attach addition | al pages to | Your Statement of F | inancial Affairs for Individ | luals Filing for Bankruptcy (Official Form 107)? |
| | - · | lo | | | | |
| | ☱. | es | | | | |
| L | ┛' | | | | | |
| | Oid yo | ou pay or agree to | pay someor | e who is not an atto | orney to help you fill out b | ankruptcy forms? |
| [| ✓ N | lo | | | | |
| Ī | | es. Name of person | 1 | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| - 44 | Nortnern L | District of Illinois | |
|---------|---|---|---------------------------------|
| In re | Rosemary Peeples | Case No. | * |
| | Debtor | | (If known) |
| | | Chapter | Chapter 13 |
| | DISCLOSURE OF COMPENSAT | | |
| 1 | . Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing or rendered or to be rendered on behalf of the debtor(s) in con- | | |
| | For legal services, I have agreed to accept | | \$4,000.00 |
| | Prior to the filing of this statement I have received | | \$350.00 |
| | Balance Due | | - \$3,650.00 |
| 2. | . The source of the compensation paid to me was: | | |
| | Debtor Other (sp | ecify) | |
| 3. | . The source of the compensation paid to me is: | | |
| | Debtor Other (spe | ecify) | |
| 4. | I have not agreed to share the above-disclosed compen members and associates of my law firm. | sation with any other person unless the | ay are |
| | I have agreed to share the above-disclosed compensation members or associates of my law firm. A copy of the agreed the people sharing in the compensation, is attached. | on with a other person or persons who a reement, together with a list of the name | are not es of |
| 5. | In return for the above-disclosed fee, I have agreed to render | r legal service for all aspects of the bank | cruntov case including: |
| | Analysis of the debtor's financial situation, and rend bankruptcy; | ering advice to the debtor in determining | g whether to file a petition in |
| | b. Preparation and filing of any petition, schedules, sta | tements of affairs and plan which may b | pe required; |
| | c. Representation of the debtor at the meeting of credit | | |
| | d. Representation of the debtor in adversary proceeding | gs and other contested bankruptcy matt | ers; |
| 6. | By agreement with the debtor(s), the above-disclosed fee do | | |
| | | | |
| | CERT | TFICATION | |
| l debto | certify that the foregoing is a complete statement of any agre or(s) in this bankruptcy proceedings. | ement or arrangement for payment to m | ne for representation of the |
| | 2/22/2018 | /s/ James Nowak | |
| | Date | Signature of Attorney | |
| | | | |
| | | Semrad Law Firm | |
| | | Name of law firm | |



UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to \S 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

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D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$362.00
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$52.00 for expenses, leaving a balance due of \$4,012.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 2/22/2018 | |
|---|------------------------|
| Signed: | |
| /s/ Rosemary Peeples Rosemary Peep | /s/ James Nowak |
| Debtor(s) | Attorney for Debtor(s) |
| Do not sign if the fee amounts at top of this page are blank. | KP |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$275 | total fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$200 | filing fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: Peeples, Rosemary Debtor(s) | | Case No | Case No. | | |
|-------------------------------------|---|--|-------------------------------------|--|--|
| | | Chapter. | Chapter13 | | |
| | VERIFICA | TION OF CREDITOR MAT | RIX | | |
| Ti knowledge | he above named Debtors hereby verify thate. | at the attached list of creditors is tru | ue and correct to the best of their | | |
| Date: | 2/22/2018 | /s/ Peeples, Rose Peeples, Rosema Signature of Deb | ary | | |

MEDICREDIT, INC 1984 Peachtree Rd Nw Suite 300 Atlanta, GA, 30309

ATG CREDIT 1700 W CORTLAND ST STE 2 CHICAGO, IL, 60622

CONVERGENT OUTSOURCING 10750 HAMMERLY BLVD #200 Houston, TX, 77043

PORTFOLIO RECOV ASSOC PO Box 41067 Norfolk, VA, 23541

DR LEONARDS/CAROL WRIG 1112 7TH AVE MONROE, WI, 53566

CAINE & WEINER 21210 Erwin St Woodland Hls, CA, 91367

Illinois Title Loans 2734 N. Western Chicago, IL, 60647

Presence Saint Joseph Medical Center 1643 Lewis Ave Ste 203 Billings, MT, 59102

Illinois Secretary of State Office-Chicago 69 W Washington Street Ste 1240 Chicago, IL, 60602

Novantis Pharmaceuticals 1505 Darien Club Drive Darien, IL, 60561

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602 Case 18-04845 Doc 1 Filed 02/22/18 Entered 02/22/18 14:26:40 Desc Main Document Page 61 of 66

IRS Irs Mail Stop 4100 P-3 Kansas City, MO, 64999

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| Debtor 1 Rosemary First Name | | eples Ca | ase number (if known) | |
|---|--|--|--|--|
| | estions for Reporting Purposes | t Name | | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily or "incurred by an individual pr No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily by money for a business or invention No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts your | rimarily for a personal, fa usiness debts? <i>Busines</i> estment or through the | amily, or household press. I have a second press are debts that operation of the busir | urpose." you incurred to obtain ness or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | No. I am not filing under Chapter 7. Yes. I am filing under Chapter 7. expenses are paid that fund No. Yes. | Do vou estimate that after | any exempt property is ibute to unsecured crec | excluded and administrative litors? |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 \$10,000,001-\$5 \$50,000,001-\$1 \$100,000,001-\$ | 00 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. How much do you estimate your liabilities to be? Part 7: Sign Below | ✓ \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 \$10,000,001-\$5 \$50,000,001-\$1 \$100,000,001-\$ | 00 million 3 | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. ** /s/ Rosemary Peeples MM / DD / YYYY Executed on MM / DD / YYYY | | | |

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| | | | J | | |
|---------------------------|--|---|--|--|--|
| Fill in this infor | mation to identify your o | case: | | | |
| Debtor 1 | Rosemary | | Peeples | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | Northern | District of Illinois | | |
| Case number (If known) | | | (State) | | |
| Official | Form 106De | €C | | | Check if this is a amended filing |
| Declarati | ion About an | Individual Debt | tor's Schedule | s | 12/1 |
| | 1341, 1519, and 3571. | ile bankruptcy schedules ion with a bankruptcy cas | or amended schedules. Ne can result in fines up to | Making a false statement, concealing p o \$250,000, or imprisonment for up to 2 | roperty, or obtaining 10 years, or both. 18 |
| Did you pa | ay or agree to pay some | eone who is NOT an attorn | ey to help you fill out ban | nkruptcy forms? | |
| ✓ No | | | | | |
| Yes. N | lame of person | | Attach Bankruptcy Signature (Official I | Petition Preparer's Notice, Declaration, and Form 119). | 1 |
| | | | | | |
| | | | | | |
| Under pen that they a | alty of perjury, I declar are true and correct. | e that I have read the sum | mary and schedules filed | d with this declaration and | |
| 🗶 /s/ Rosem | nary Peenles | 2012. 20 1 | | | |

Signature of Debtor 2

MM/DD/YYYY

Date

Signature of Debtor 1

MM/DD/YYYY

Date 2/22/2018

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| Debt | tor 1 Rosemary | Peeples | Case number (if known) |
|------|--|-----------------------------|--|
| | First Name Middle Name | Last Name | |
| 28. | Within 2 years before you filed for bankruptcy, did y creditors, or other parties. | ou give a financial staten | nent to anyone about your business? Include all financial institutions, |
| | ✓ No | | |
| | Yes. Fill in the details below. | | |
| | | | |
| | | Date issued | |
| | Name | MM/DD/YYYY | _ |
| | Number Street | _ | |
| | | | |
| | City State Zip Code | _ | |
| Part | 12: Sign Below | | |
| ган | 3igii below | | |
| | | | ments, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with 0 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | digitatore of Debtor 1 | 1 | Signature of Debtor 2 |
| | Date 2/22/2018 | | Date |
| Di | id you attach additional pages to Your Statement of | Financial Affairs for Indiv | riduals Filing for Bankruptcy (Official Form 107)? |
| Į. | No No | | , |
| Ė | Yes | | |
| Di | id you pay or agree to pay someone who is not an at | torney to help you fill out | hankruntov formo? |
| | 7 No | , to mark you lill out | Summapley forms: |
| Ľ | | | |
| L | Yes. Name of person | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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UNITED STATES BANKRUPTCY COURT Northern District of Illinois

| In re: Peeples, Rosemary Debtor(s) | | Case No | Case No | | |
|-------------------------------------|---|---|------------------------|--|--|
| | | Chapter. Chap | oter13 | | |
| | VERIF | CATION OF CREDITOR MATRIX | | | |
| T knowledg | he above named Debtors hereby ver e. | ify that the attached list of creditors is true and correc | t to the best of their | | |
| Date: | 2/22/2018 | /s/ Peeples, Rosemary Peeples, Rosemary Signature of Debtor | four People | | |

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| Debt | or 1 Rosemary | | Peeples | Case number (if known) | |
|--------|--|---|---|---|--|
| ** | First Name | Middle Name | Last Name | Case Humber (II known) | |
| 16. | Calculate the median far | mily income that applies to y | ou. Follow these steps: | Andread Comment | The Ottomorphism of the Control of t |
| | 16a. Fill in the state in which | ch you live. | Illinois | | |
| | 16b. Fill in the number of p | people in your household. | 1 | | |
| | 16c. Fill in the median fam household | ily income for your state and six | ze of | | \$51,317.00 |
| | | d in the separate instructions for | To find a or this form. This list may | list of applicable median income amounts, go online also be available at the bankruptcy clerk's office. | |
| 17. | How do the lines compar | e? | a same reason trate not may | also be available at the bankruptcy clerk's office. | |
| | 17a. Line 15b is less t under 11 U.S.C. | han or equal to line 16c. On th <i>§ 1325(b)(3).</i> Go to Part 3. Do | e top of page 1 of this fo NOT fill out <i>Calculation</i> | orm, check box 1, <i>Disposable income is not determined of Disposable Income</i> (Official Form 122C-2). | |
| | 17b. Line 15b is more <i>U.S.C.</i> § 1325(b) | than line 16c. On the top of pa | age 1 of this form, check | box 2, Disposable income is determined under 11 ple Income (Official Form 122C-2). On line 39 of that | |
| Part | | mmitment Period Under | | 4) | |
| 18. | | monthly income from line 11. | | | \$85.00 |
| 19. | Deduct the marital adjus commitment period under | t ment if it applies. If you are i 11 U.S.C. § 1325(b)(4) allows <u>y</u> | married, your spouse is r you to deduct part of you | not filing with you, and you contend that calculating the ur spouse's income, copy the amount from line 13. | |
| | 19a. If the marital adjustme | ent does not apply, fill in 0 on li | ne 19a. | | -\$0.00 |
| | 19b. Subtract line 19a fro | | | | \$85.00 |
| 20. | Calculate your current m | onthly income for the year. F | follow these steps: | | |
| | 20a. Copy line 19b. | | | | \$85.00 |
| | Multiply by 12 (the nu | mber of months in a year). | | | x 12 |
| | 20b. The result is your curre | ent monthly income for the yea | r for this part of the form | | \$1,020.00 |
| | 20c. Copy the median fami | ly income for your state and size | e of household from line | 9 16c. | \$51,317.00 |
| 21. | How do the lines compare | | | | |
| | Line 20b is less than line commitment period is | ne 20c. Unless otherwise order 3 years. Go to Part 4. | ed by the court, on the to | op of page 1 of this form, check box 3, The | |
| | Line 20b is more than 4, The commitment pe | or equal to line 20c. Unless oth | erwise ordered by the co | ourt, on the top of page 1 of this form, check box | |
| Part - | Sign Below | | | | |
| | Dy signing hour Label | | | | |
| | by signing here, i decia | re under penalty of perjury that | the information on this | statement and in any attachments is true and correct. | |
| | 🗴 /s/ Rosemary Po | eenles Shu 4a | (o * | | |
| | Signature of Debto | 11/10/00/11/00/01 | <u></u> | nature of Debtor 2 | |
| | Date 2/22/2018 | _ | Da | te | |
| | MM/DD/YYY | Υ | | MM/DD/YYYY | |
| | If you checked 17a, do If you checked 17b, fill above. | NOT fill out or file Form 122C- out Form 122C-2 and file it wit | 2. h this form. On line 39 c | of that form, copy your current monthly income from line | 14 |
| | | | | | |